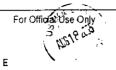
US. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 40075	2. Fiscal Year Covered From:	
	01 / 01 / C4 Through: 12 / 31 / 04	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Steven R Lutin	Name 187 Local 754 Labor Organization File Number 021374	
P O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 8918 Malinda Di	Street 188 Industrial Dr Suite 112	
City Harrard	City Elmhurst	
State /L ZIP Code + 4 6003 3	State 1L ZIP Code + 4 6013 6	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
if any). 7.a. Nature of Interest, Transaction, or Income.			
7.b. Amount.			
+ 4			
•			

Signature

15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyis undersigned's knowledge and belief, true, correct and complete. (See the second complete.)	ng documents), has been exar	nined by the signatory and is, to the best of the
Signed Steven Lath	On <u>Aug. 12, 05</u>	630-833-0754 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Maico Consulting Granp

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street S50 W. Washington Blud

Chicago

11 State

ZIP Code + 4 6(166) - 250/

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

investment consultant

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Rockford Area Dairy, Local 754 187 Retirement Pension fund registration face for educational Seminar 1095

P.O. Box, Bldg., Room No., if any

Street 4763 Crown Point Rd

Roscoe City

State 17 ZIP Code + 4 60/23

13.b. Is the Business an Employer

or Consultant

14.a. Nature of payment.

reimbursement to educational seminar 1844.22

14.b. Amount of payment,

2939,22